

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9024</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Paul</u> <u>E</u> <u>Hayes</u> P O Box Bldg Room No if any <u></u> Street <u>2821 Trenton Ct</u> City <u>Springfield</u> State <u>Illinois</u> ZIP Code + 4 <u>62704</u>	4 Name file number and address of labor organization Name <u>Sheet Metal Workers Local Union 218</u> Labor Organization File Number <u>517-675</u> P O Box Building and Room Number if any <u></u> Street <u>2855 Via Verde</u> City <u>Springfield</u> State <u>Illinois</u> ZIP Code + 4 <u>62703</u>
5 Position in labor organization <u>Business Manager</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/>	7 a Nature of Interest Transaction or Income <div style="border: 1px solid black; height: 150px; width: 100%;"></div> 7 b Amount. <div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div>

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed Paul E Hayes On 8/12/05 (217) 793-9895
Date Telephone Number

Name of Person Filing Paul E Hayes

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Sheet Metal Workers Local 218 S Apprenticeship and Development Fund

Trade Name if any SMW 218 S JATC

P O Box Bldg Room No if any

Street 2855 Via Verde

City Springfield

State Illinois ZIP Code + 4 62763

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

The SMW 218 S JATC is a related trust to Local Union 218.

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Income received represents compensation I received for cleaning and maintenance work performed on the JATC building

12 b Amount

\$ 3,450

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.